

SERFF Tracking Number:	DDAR-127665552	State:	Arkansas
Filing Company:	Delta Dental of Arkansas	State Tracking Number:	49913
Company Tracking Number:	DDAR-AC-11B		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	DDAR-AC-11B		
Project Name/Number:	/		

## Filing at a Glance

Company: Delta Dental of Arkansas  
 Product Name: DDAR-AC-11B  
 TOI: H10G Group Health - Dental  
 Sub-TOI: H10G.000 Health - Dental  
 Filing Type: Form

SERFF Tr Num: DDAR-127665552 State: Arkansas  
 SERFF Status: Closed-Approved State Tr Num: 49913  
 Co Tr Num: DDAR-AC-11B State Status: FEES PAID  
 Reviewer(s): Donna Lambert  
 Author: Sara Farris Disposition Date: 10/04/2011  
 Date Submitted: 09/28/2011 Disposition Status: Approved  
 Implementation Date: 10/04/2011

Implementation Date Requested:  
 State Filing Description:

## General Information

Project Name:  
 Project Number:  
 Requested Filing Mode:  
 Explanation for Combination/Other:  
 Submission Type:  
 Filing Status Changed: 10/04/2011  
 State Status Changed: 09/29/2011  
 Created By: Sara Farris  
 Corresponding Filing Tracking Number:  
 Filing Description:

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type:  
 Overall Rate Impact:

Deemer Date:  
 Submitted By: Sara Farris

We are updating our Schedules A-C for our group dental product to add additional variables.

## Company and Contact

### Filing Contact Information

Sara Farris,	sfarris@ddpar.com
1513 Country Club	501-992-1662 [Phone]
Sherwood, AR 72120	501-992-1663 [FAX]

### Filing Company Information

Delta Dental of Arkansas	CoCode: 47155	State of Domicile: Arkansas
1513 Country Club Rd.	Group Code:	Company Type:
Sherwood, AR 72120	Group Name:	State ID Number:

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Project Name/Number: /  
(501) 992-1662 ext. [Phone] FEIN Number: 71-0561140  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$0.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	09/28/2011	52234794

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Donna Lambert	10/04/2011	10/04/2011

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## **Disposition**

Disposition Date: 10/04/2011

Implementation Date: 10/04/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Form	DDAR-AC-11	Approved-Closed	No

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/04/2011		Schedule Pages	DDAR-AC-11	Initial		0.000	DDAR-AC-11B.pdf

**DELTA DENTAL OF ARKANSAS  
SCHEDULE A  
[DIAGNOSTIC [[AND PREVENTIVE] BENEFITS  
AND THEIR  
LIMITATIONS AND EXCLUSIONS**

**[A1.00 DIAGNOSTIC AND PREVENTIVE BENEFITS]  
[[Premier] In Network [0-100%] MPA]  
[[PPO] In Network [0-100%] MPA]  
[Out Of Network [0-100%] MPA]**

- [Diagnostic] [Routine periodic and specialty examinations not more than [one (1) – six (6)] in any BENEFIT PERIOD. This is inclusive of an initial, oral examination.] [Also including an office visit after regularly scheduled hours.] [Can move to schedule A, B, or C]  
[Professional consultation [one (1)] [two (2)] [three (3)] [four (4)] per [benefit period] [provider].] [Can move to schedule A, B, or C]
- [Bitewings] [Bitewing and periapical x-rays [as required] [limited to [one (1)] [two (2)] [three (3)] [four (4)] in any benefit period]. [Can move to Schedule A, B or C.]]
- [Full-mouth x-rays] [Full-mouth x-rays [one (1) – five (5)] time(s) in any [twelve (12)-seventy-two (72)] consecutive month period. [Can move to schedule A, B, or C]]
- [Cleanings] [Prophylaxis (cleaning.)] [Can move to schedule A, B, or C]
- [Fluoride] [Topical application of fluoride [one (1) – five (5)] per BENEFIT PERIOD. [Can move to schedule A, B, or C]]
- [Sealants ] [Sealants ][one (1) – five (5)] per tooth. [Can move to schedule A, B, or C]]

**[A2.00 LIMITATIONS AND EXCLUSIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS]**

- [DDAR will pay for [one (1) – six (6)] oral examination(s) and cleaning(s) in BENEFIT PERIOD.] [Can move to schedule A, B, or C] [( \* Please see information on Evidence Based Dentistry [below].)]
- [DDAR will not pay for adult cleanings for PARTICIPANT(s) [to age] [twelve (12) – nineteen (19)].] [Can move to schedule A, B, or C]
- [Appliance Therapy is a benefit only if used for the correction of thumb-sucking.] [Can move to schedule A, B, or C]
- [Limited Oral Evaluation is a benefit for accidental injury only.] [Can move to schedule A, B, or C]
- [Oral Pathology/Laboratory is limited to [one (1) – six (6)] per [twelve (12)-seventy-two (72)] consecutive month period.] [Can move to schedule A, B, or C]
- [Diagnostic casts, photographs, and cephalometric films are a benefit only if done for orthodontic purposes.] [Can move to schedule A, B, or C]
- [Full-mouth debridement is limited to [one (1) – five (5)][ in a lifetime] [in any] [twelve (12) – seventy-two (72)] [consecutive month period.]] [Can move to schedule A, B, or C]
- [DDAR will pay for full mouth x-rays [one (1) – five (5)] time(s) within any [twelve (12) – seventy-two (72)] consecutive month period. A combination of periapical and bitewing x-rays (ten or more films) or a panoramic film and additional x-rays make up a full mouth series. [Can move to schedule A, B, or C]]

- [A sealant is a benefit only on the unrestored, decay free chewing surface (occlusal surface) of the maxillary (upper) and mandibular (lower) first and second molars. [Sealants are a benefit [for DEPENDENT children [to age] [twelve (12) – nineteen (19).]] [Sealants are payable [one (1) – five (5)] per tooth [per lifetime] [in any] [twelve (12) – seventy-two (72)] [consecutive month period.] [Can move to schedule A, B, or C]]
- [Preventative control programs (oral hygiene instructions, carries susceptibility tests, dietary control, tobacco counseling, etc.) are not a benefit.] [Can move to schedule A, B, or C]
- [DDAR will pay for one (1) topical application of fluoride [one (1) – five (5)] time(s) in a BENEFIT PERIOD [for DEPENDENT children [to age] [twelve (12)-twenty-six (26)]. Fluoride rinses or self-applied fluorides are not a benefit. [Can move to schedule A, B, or C]]
- [DDAR will not pay for adult cleanings for PARTICIPANT(s) [to age] [twelve (12) – nineteen (19)].] [Can move to schedule A, B, or C]
- [Pulp vitality tests are payable per visit, not per tooth, and only for the diagnosis of emergency conditions.] [Can move to schedule A, B, or C]
- [General Limitations and Exclusions found in Article [3] of this POLICY also apply to Diagnostic and Preventive BENEFITS.]

**[(\*) Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to [four-eight] per [benefit period] [year] for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.] [Can move to schedule A, B, or C]**



**DELTA DENTAL OF ARKANSAS  
SCHEDULE B  
[BASIC RESTORATIVE BENEFITS]  
AND THEIR  
LIMITATIONS AND EXCLUSIONS**

**[B1.00 BASIC RESTORATIVE BENEFITS]  
[[Premier] In Network [0-100%] MPA]  
[[PPO] In Network [0-100%] MPA]  
[Out Of Network [0-100%] MPA]  
[[0-12] Month Waiting Period Applies [for Late Entrants]]**

- |                                    |   |
|------------------------------------|---|
| • [Palliative Emergency TREATMENT] | [Minor emergency TREATMENT for the relief of pain as needed by the PARTICIPANT.] [Can move to schedule A, B, or C]                            |
| • [Fillings]                       | [Amalgam (silver) and composite/resin (white) fillings [(composites are not a covered benefit on molars)].] [Can move to schedule A, B, or C] |
| • [Extractions]                    | [Simple extractions. [Can move to schedule A, B, or C]]   |
| • [Space Maintainers]              | [For prematurely lost teeth of eligible DEPENDENT children [to age] [twelve (12) – nineteen (19)].] [Can move to schedule A, B, or C]         |
| • [Occlusal guard]                 | [Limited to [One (1)] [two (2)] [three (3)] [four (4)] in any [one (1)-seven (7)] year(s).] [Can move to Schedule A, B or C]                  |

**[B2.00 LIMITATIONS AND EXCLUSIONS ON BASIC RESTORATIVE BENEFITS]**

- [Palliative TREATMENT is payable on a per visit basis, once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.] [Can move to schedule A, B, or C]
- [Removal of bone tissue is limited to [one (1)] [two (2)] [three (3)] [four (4)][five (5)] procedures per one (1) lifetime.] [Can move to schedule A, B, or C]
- [Restorative BENEFITS are allowed once per surface, per tooth in a [six (6)-thirty-six (36)] month period. This is allowed irrespective of the number of combinations of procedures requested or performed.] [Composites on molars are not covered]. [An amalgam allowance will be made for molars with any fee difference the responsibility of the patient.] [Can move to schedule A, B, or C]
- [A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children [to age] [twelve (12) – nineteen (19)], limited to [one (1) – five (1)] in a [twelve (12) – seventy-two (72)] consecutive month period. Recementation of a space maintainer is limited to [one (1) – five (5)] in [twelve (12) – seventy-two (72)] consecutive months. Recementation of a space maintainer within [six (6) – twenty-four (24)] months of the seating date is part of the original procedure. A space maintainer is not considered an orthodontic appliance.] [Can move to schedule A, B, or C]]
- [Occlusal adjustments are considered only in conjunction with periodontal procedures for treatment of periodontal disease.] [Can move to Schedule A, B or C]
- [General Limitations and Exclusions found in Article [3] of this POLICY also apply to Basic Restorative BENEFITS.]

**DELTA DENTAL OF ARKANSAS  
SCHEDULE C  
[MAJOR RESTORATIVE BENEFITS]  
AND THEIR  
LIMITATIONS AND EXCLUSIONS**

**[C1.00 MAJOR RESTORATIVE BENEFITS]  
[[Premier] In Network [0-100%] MPA]  
[[PPO] In Network [0-100%] MPA]  
[Out Of Network [0-100%] MPA]  
[[0-12] Month Waiting Period Applies [for Late Entrants]]**

- [Crowns, Inlays, Onlays, and Veneers] [Crowns, inlays, onlays, and veneers are BENEFITS for the TREATMENT of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.] [Can move to schedule A, B, or C]
- [Stainless Steel Crowns] [Used as a restoration to natural teeth for DEPENDENT children [to age] [twelve (12) – nineteen (19)] when the teeth cannot be restored with a filling material.] [Can move to schedule A, B, or C]
- [Prosthodontics] [Procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.] [Can move to schedule A, B, or C]
- [Endodontics] [Includes pulpal therapy and root canal filling.] [Can move to schedule A, B, or C]
- [Oral Surgery] [Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery.] [Can move to schedule A, B, or C]
- [Complete or Partial Denture Reline] [Chair side or laboratory procedure to improve the fit of the appliance to the tissue (gums).] [Can move to schedule A, B, or C]
- [Complete or Partial Denture Rebase] [Laboratory replacement of the acrylic base of the appliance.] [Can move to schedule A, B, or C]
- [Surgical Periodontics] [Includes TREATMENT and surgical procedures for the disease of the gums and bone supporting the teeth.] [Can move to schedule A, B, or C]
- [Non-surgical Periodontics] [Includes TREATMENT for the disease of the gums and bone supporting the teeth.] [Can move to schedule A, B, or C]
- [Periodontal Maintenance] [Limited to [One (1)-Six (6)] per BENEFIT PERIOD following active periodontal treatment.] [Can move to schedule A, B, or C] [( \* Please see information on Evidence Based Dentistry] [below].)]
- [Implants] [Endosteal implants are covered once in a lifetime per tooth.]

**[C2.00 LIMITATIONS AND EXCLUSIONS ON MAJOR RESTORATIVE BENEFITS]**

- [DDAR will not pay to replace any crowns, inlays, onlays, or veneers received in the previous [twelve (12) – seventy-two (72)] months. Payment for crowns, inlays, onlays, and veneers shall include charges for preparations of tooth, gingival, and impression. ] [Can move to schedule A, B, or C]
- [DDAR will not pay for a crown, inlay, onlay, or veneer on a tooth that can be restored with an amalgam or composite restoration.] [Can move to schedule A, B, or C]
- [Porcelain/ceramic or cast crowns for children [to age] [ten (10) – nineteen (19)] are not BENEFITS.] [Can move to schedule A, B, or C]
- [Crown repair is limited to [one (1) – five (5)] in a [twelve (12) – forty-eight (48)] consecutive month period on the same tooth. Crown and fixed partial denture recement is limited to [one (1) – five (5)] in [six (6) – thirty-six (36)] consecutive months per tooth. Repairs for bridges and full and partial dentures are limited to [one (1) – five (5)] in a [twelve (12) – seventy-two (72)] consecutive month period.] [Can move to schedule A, B, or C]
- [DDAR will not pay for the replacement of a stainless steel crown within a [twelve (12) – seventy-two (72)] month period of the initial placement.] [Can move to schedule A, B, or C]
- [Composite resin crowns are not a benefit on primary teeth. A stainless steel crown allowance will be made with any fee difference the responsibility of the patient.] [Can move to schedule A, B, or C]
- [Payment for root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT is limited to [one (1) – five (5)] in a lifetime, per tooth, by the same DENTIST or dental office. Retreatment of root canal by the same DENTIST or dental office will be considered after [twelve (12) – thirty-six (36)] consecutive months have lapsed since initial treatment. Root canals on deciduous teeth are not a benefit, unless there is no permanent successor. Pulpal therapy is limited to primary teeth, and therapeutic pulpotomy is limited to primary teeth [one (1) – five (5)] time(s) in a lifetime.] [Can move to schedule A, B, or C]
- [Extractions, surgical extractions, root removal, alveoplasty, surgical exposure of impacted or unerupted tooth, tooth reimplantation and/or stabilization, transseptal fiberotomy, and orofacial fistula closure are limited to [one (1) – five (5)] in a lifetime.] [Can move to schedule A, B, or C]
- [Charges for general anesthesia/intravenous sedation are not covered except when administered in conjunction with covered oral surgery, excluding single tooth extractions (ADA procedure code [7140]) and for children [one (1) – five (5)] years of age and under.] [Can move to schedule A, B, or C]
- [Analgesia, anxiolysis, inhalation of nitrous oxide, therapeutic drug injection, other drugs and/or medicines, and desensitizing medicines are not covered.] [Can move to schedule A, B, or C]
- [TREATMENT of complications (post-surgical) or unusual circumstances are a benefit [one (1) – five (5)] time(s) in [one (1) – twelve (12)] months (i.e., TREATMENT of a dry socket).] [Can move to schedule A, B, or C]
- [Initial placement of full or partial removable dentures, fixed bridges (including crowns and inlays) which form a part thereof to replace a functioning natural tooth or teeth which are missing prior to the effective date of the individual's coverage, will not be covered unless the prosthetic appliance also includes the replacement of a natural tooth or teeth extracted while coverage was in effect.] [Can move to schedule A, B, or C]
- [DDAR will not pay to replace any fixed bridges or partial or complete dentures that the PARTICIPANT received in the previous [twelve (12) – seventy-two (72)] consecutive months, except where the loss of additional teeth requires the construction of a new appliance. DDAR will not pay to replace a bridge or denture unless it cannot be made satisfactory. ] [Can move to schedule A, B, or C]

- [Recementation of a bridge within [three (3) – thirty-six (36)] consecutive months of the seating date is part of the original procedure.] [Can move to schedule A, B, or C]
- [Payment for a partial or complete denture shall include charges for any necessary adjustment within a [twelve (12) – thirty-six (36)] consecutive month period. Payment for a reline or rebase of a partial or complete denture is limited to [one (1) – five (5)] in a [twelve (12) – seventy-two (72)] consecutive month period. Adjustments made within the first [twelve (12) – thirty-six (36)] consecutive month period after delivery are not covered. Adjustments after the post six (6) month delivery period are limited to not more than [one (1) – five (5)] in any [six (6) – thirty-six (36)] consecutive month period.] [Can move to schedule A, B, or C]
- [A posterior, fixed partial denture and a removable partial denture in the same dental arch is not covered. The benefit is limited to the allowance for the partial, removable denture.] [Can move to schedule A, B, or C]
- [Crown and fixed partial denture recement is limited to one (1) in [three (3) – thirty-six (36)] consecutive months per tooth.] [Can move to schedule A, B, or C]
- [Recementation of a bridge within six (6) consecutive months of the seating date is part of the original procedure.] [Can move to schedule A, B, or C]
- [Payment for a reline of a partial or complete denture is limited to [one (1) – five (5)] in a [three (3) – thirty-six (36)] consecutive month period.] [Can move to schedule A, B, or C]
- [Repairs for removable partials and dentures are limited to [one (1) – five (5)] in any [three (3) – seventy-two (72)] consecutive month period.] [Can move to schedule A, B, or C]
- [Adjustments to complete or partial dentures are limited to [one (1) – five (5)] adjustments per denture per [six (6) – thirty-six (36)] consecutive months after [three (3) – seventy-two (72)] consecutive months have elapsed since initial placement.] [Can move to schedule A, B, or C]
- [DDAR limits payment for standard dentures to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference.] [Can move to schedule A, B, or C]
- [DDAR does not pay for fixed bridges or full or partial dentures for children [to age] [twelve (12) – nineteen (19)].] [Can move to schedule A, B, or C]
- [A fixed bridge where a partial denture is constructed in the same arch is not a covered benefit.] [Can move to schedule A, B, or C]
- [Fixed partial denture retainers are a benefit [one - five] time(s) in any [eighteen (18) – seventy-two (72)] consecutive month period.] [Can move to schedule A, B, or C]
- [Temporary and provisional crowns and partial dentures are not a benefit.] [Can move to schedule A, B, or C]
- [Non-surgical periodontics will not be provided more often than [one (1) – six (6)] time(s) in a [twelve (12) – seventy-two (72)] consecutive month period per quadrant.] [Can move to schedule A, B, or C]
- [Periodontal maintenance is a benefit after [three (3) – twelve (12)] consecutive months following active periodontal TREATMENT.] [Can move to schedule A, B, or C]

- [Payment for periodontal surgery shall include charges for three (3) months' post-operative care and any surgical re-entry for a [twelve (12) – seventy-two (72)] consecutive month period. Root planing, curettage, and osseous surgery are not a benefit for PARTICIPANT(s) [to age] [twelve (12) – nineteen (19)].] [Can move to schedule A, B, or C]
- [Procedures for purely cosmetic reasons are not BENEFITS]. [Can move to schedule A, B, or C]
- [Endosteal implants are covered [one (1) – five (5)] in a lifetime per tooth.] [Can move to schedule A, B, or C]
- [Implant abutments are covered [one (1) – five (5)] time(s) in every [twelve (12) – seventy-two (72)] consecutive month period]. [Can move to schedule A, B, or C]
- [An implant or abutment supported crown is covered [one (1) - five (5)] time(s) in any [twelve (12) – seventy-two (72)] consecutive month period.] [Can move to schedule A, B, or C]
- [An implant or abutment supported retainer is covered [one (1) – five (5)] time(s) in any [twelve (12) – seventy-two (72)] consecutive month period.] [Can move to schedule A, B, or C]
- [Repair of implant supported prosthesis or implant abutment is covered [one (1) – five (5)] time(s) in any [twelve (12) – seventy-two (72)] consecutive month period.] [Can move to schedule A, B, or C]
- [Recementation of implant /abutment supported crown or fixed partial denture is covered [one (1) – five (5)] time(s) in any [twelve (12) – seventy-two (72)] consecutive month period after [one (1) – twelve (12)] months have elapsed since initial placement.] [Can move to schedule A, B, or C]
- [Implant maintenance procedure is covered [one (1) – five (5)] time(s) in any [six (6) – thirty-six (36)] months.] [Can move to schedule A, B, or C]
- [Implant removal is covered [one (1) – five (5)] time(s) in a lifetime per tooth.] [Can move to schedule A, B, or C]
- [Tissue conditioning is limited to [one (1) – five (5)] in a [twelve (12) – seventy-two (72)] consecutive month period. Tissue conditioning is not a benefit if performed on the same day a denture is delivered or a reline/rebase is provided.] [Can move to schedule A, B, or C]
- [General Limitations and Exclusions found in Article [3] of this POLICY also apply to Major Restorative BENEFITS.]

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		